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DEPARTMENT FOR EUR/CARC

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TAGS: [PHUM](#) [PREL](#) [GG](#)  
SUBJECT: PROBLEMS REMAIN IN PRISON HEALTH CARE

REF: A. TBILISI 724  
[B](#). TBILISI 1042  
[C](#). TBILISI 1612

Classified By: Ambassador John F. Tefft for reasons 1.4 (b) and (d).

[1](#)1. (U) Summary: Health care in Georgian prisons continues to be problematic due to overcrowding, lack of professional medical staff, and unclear delineation between Ministries of Health and Justice over which ministry is responsible for medical care. Despite increased prison capital expenditures and the opening of two new wings at existing prisons, unsanitary conditions and poor medical care continue to contribute to inmates' deaths. The GoG has identified prison improvement as one of its top priorities, but overall efforts so far have not been enough to address the problem. End Summary.

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Who's on First?  
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[1](#)2. (U) On August 3, Poloff met with Sandro Urushadze, Advisor, Georgian Ministry of Labor, Health and Social Services, (MOH), to discuss the delineation of responsibilities between the Georgian MOH and the MOJ for prison doctors, and plans for outsourcing prison health care. The MOH and the Ministry of Justice (MOJ) share responsibility for prison health care. MOH is the only authority to certify doctors and provide professional licensing. MOJ prison doctors receive their salaries from, and work for, the MOJ. Historically there has been much back and forth between the two ministries as to how these functions are really shared. Control over prison hospitals was transferred from the MOJ to the MOH in 2004-2005 upon the recommendation of the Council of Europe; however, there were no mechanisms to implement this change. According to the Georgian Young Lawyers Association (GYLA), the Joint Reform Commission of the MOJ and the MOH which was set up in April 2006 failed to take any effective corrective measures. In July, the MOJ created a working group whose responsibility was the assessment and inventory of the Medical Service within the penitentiary system. Also, in mid-July, President Saakashvili created the Interagency Coordination Council against torture, inhumane treatment and violation of human rights. Influential MP Giga Bokeria chairs the committee. Ostensibly, prison health care would also be discussed in this forum. The Council has met several times, but has yet to craft a comprehensive plan.

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The Tonic of Outsourcing  
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[1](#)3. (U) The current plan of the MOH is to outsource prison health care by using civilian health care providers. Previously, MOJ had its own medical cadre which provided

health care. Now the focus will be on outsourcing these tasks to civilian health care providers. Their first step is a health care assessment to determine how to best allocate resources. This assessment is being conducted with the International Red Cross (ICRC) during September and October and involves interviewing 700 prisoners in order to establish a methodology to allocate resources.

14. (U) Urushadze envisions that each prison will have its own cadre of core staff on site, but some tuberculosis patients (TB) and those with serious mental disorders will be transferred to Gldani prison, when it opens later this fall. The Gldani prison is designed to house 4000 prisoners and offer 100-150 hospital beds in its medical unit. If patients require something beyond routine care, they will be "outsourced" to a local civilian hospital. Urushadze added that there are doctors who work in other prison systems besides MOJ prisons: Ministry of Internal Affairs (MOIA) and Ministry of Defense (MOD) have their own prisons, and own medical staff.

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The Doctor's In, but is He Qualified?  
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15. (U) On September 17, Poloff met with the Public Defender's Office (PDO) Spokesman Giorgi Giorgadze and Dr. Levan Labauri, Patients' Rights Center. Per Dr. Labauri, health care in prison is part of the overall health responsibility of the MOH. According to Dr. Labauri, there are 15 or more laws on health and patient's rights, and chapters of different parts of legislation on health care, but these are not observed. By law, each prison which houses over 100 inmates should have on its staff a general practitioner, a

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dentist, and a psychiatrist. Only one of the prisons currently meets this criteria. In the eyes of the PDO, prisoners are being discriminated against because these provisions are not being observed. There are conflicting laws which deal with the certification of doctors. According to Article 37 of the Constitution, doctors are not required to be licensed. Conversely, prison health care providers who work for MOIA and MOD work under the rubric of a Limited Company (LTD) arrangement which regulates licensing and requirements. Thus, MOJ health care providers are not working under a governing body or legal framework.

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More Prisons--A Bitter Pill  
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16. (U) Despite reforms in Georgia's historically problematic prison systems, there is little indication that prison health care has significantly improved this year. According to the PDO, the GoG focus on building more prisons has not yet ameliorated the overcrowding problem, nor has it helped resolve other health issues in the system. Some of the newer prisons are already experiencing infrastructure problems, as Dr. Labauri stressed. The OSCE Human Rights Representative who works on prison reform issues, echoed that even with new prisons, there are lingering structural problems.

17. (U) Two prisons have opened new wings with increased beds this year, but this has not solved the overcrowding and associated incidence of disease among inmates. Prison mortality is still high, with over 70 deaths this year, most attributable to prison conditions according to PDO. The PDO questions the findings of the forensic reports for mortality cases in prisons. Of some 90 mortality reports that were completed, the PDO examined 35 and found that in 17 cases deaths were due to diseases contracted while in prison. Incidents of misdiagnosis from prison medical staff in treating medical patients are common (ref C), with death often attributed to cardiac attack rather than the true underlying cause. Instances of TB in prison are high and are

exacerbated by overcrowding. The ICRC addresses TB in prisons, but their program does not address strain resistant types of TB. The rate of suicides in prison remain about the same, but there are no suicide prevention programs or psychiatrists to treat them.

¶18. (U) The current draft of the new Penitentiary code before Parliament only cursorily addresses prison health care; the PDO has made suggestions to Parliament's Health, Human Rights and Legal Committees on how to better incorporate medical provisions within the new Code.

¶19. (U) Dr. Labauri said that the NGO Empathy is getting good results in the women and juvenile prisons where they have a team of psychiatrists and separate treatment rooms to work with patients. Dr. Labauri attributed much of the success to the NGO's leader and the director of the women's prison facility.

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The Magic Elixir--Privatization  
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¶10. (U) On 17 September, Poloff met with Dato Kelbakiani, Head of Social Services, Penitentiary Department, to discuss improvements in prison conditions. According to Kelbakiani, prison health care is part of the Georgian unified health care system, but has separate coordination channels. Doctors who serve in the prisons are certified in accordance with the law on certification for doctors. At each prison, there are the mandatory cadre of health providers, dentists and psychiatrists.

¶11. (U) The current plan is to close Ortchala hospital prison when Gldani prison opens this fall, unless it is needed for overflow. Kelbakiani mentioned that with the help of Norwegian Mission of Rule of Law Advisers to Georgia (NORLAG) and Penal Reform International (PRI), that in Rustavi prison they have implemented a psychological transition program for prisoners who are to be released within the next six months. Currently this program reaches 70 percent of the prisoners. In Kutaisi prison they have implemented drug and alcohol abuse treatments in conjunction with Atlantis programming.

¶12. (U) When asked, Kelbakiani could not provide statistics on the number of prisoners who currently suffer from TB, nor could he provide the number of those who suffer from the TB resistant strain, but he said, "they are not so many." Per Kelbakiani, the plan is to outsource medical care in prisons as part of a larger medical privatization health care scheme. Kelbakiani said now they are taking tenders from different

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Georgian insurance establishments for this purpose and will make their decision by the end of the year. He added that the government will pick up the tab for inmates' medical insurance premiums and that a representative of the insurance company would be on site to handle particulars, although he did not spell out the plan in detail. He could not enumerate the specifics of the plan nor a timetable for its implementation. When Poloff asked how the new Penitentiary Code would affect prison health care, Kelbakiani stated that it would not directly affect his programs. The issue historically, according to him, was not legislation but lack of resources. He did tell Poloff that there were plans to open new prisons in Javakheti and Adjara.

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Prison Deaths High, but Rate Falling  
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¶13. (U) On September 28, Poloff spoke with Givi Mikanadze, Deputy Minister, MOJ. He said that the GoG dedicated 1,081,000 GEL in 2007 towards prison medical care. Of the 1,081,000 GEL, 781,000 GEL was dedicated to purchasing better medicines and 300,000 GEL was dedicated to inmate medical

care at civilian hospitals. He noted that in the last three years there has been much discussion as how to best organize health care within the prison system; currently they are taking tenders to outsource this service. While he did say that the total number of prisoners has increased, the rate of deaths has not increased. He cited the following statistics: so far in 2007, .038 percent of the prison population has died, in comparison with .059 percent last year. He added that MOJ is very transparent about prison mortality and publishes these statistics monthly on the ministry's website.

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Comment  
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¶14. (C) The delineation of the responsibilities between MOJ and MOH continue to be blurred, each side pointing to the other when faced with difficult questions about responsibilities. Although the government's plan to ease overcrowding was to build more prisons and open Gldani prison (ref A,B), overcrowding is still cited as a major issue by the PDO, OSCE, and Penal Reform International.

¶15. (C) Poloff will meet with representatives from Health and Human Rights Parliamentary committees to advocate for better delineation of health responsibilities between the ministries in the penitentiary code draft. Additionally, post's Human Rights Officer will attend future Interagency Coordination Council meetings to discern government plans to improve the situation.

TEFFT